

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA
U.S. COURTHOUSE
INDEPENDENCE MALL WEST
601 MARKET STREET
PHILADELPHIA, PA. 19106-1797

Kevin Cait
Kx-2601
SCI Rockview
Box A
1 Rockview Place
Bellefonte, PA 16823

Enclosed please find the following forms which you have requested:

- 1 **42 U.S.C. § 1983 Civil Rights Complaint**
 Pro Se General Complaint Form
 28 U.S.C. § 2241 Habeas Corpus Petition
 28 U.S.C. § 2254 Habeas Corpus Petition
 28 U.S.C. § 2255 Motion to Vacate, Set Aside or Correct Sentence
3 **USM-285 Process Receipt & Return**
Forms will be issued when Complaint is filed
Please contact the Marshal's with any questions concerning service and request for form.
 Please contact the **Institution's Law Library**: To assist in drafting Petition. No legal advice.

 OTHER:

dmc/
Enclosure

IN THE COMMONWEALTH COURT OF PENNSYLVANIA
Eastern DISTRICT

kevin coit _____ : NO:

PLAINTIFF :

VS. :

Superintendent Barber :
RESPONDENT :

VERIFICATION

The facts set forth in the foregoing are true and correct to the best of the undersigned's knowledge, information, and belief and are verified subject to the penalties for unsworn falsification to authorities under Pennsylvania Crimes Code 4904 (18 Pa.C.S.A. § 4904).

No Notary
Required

Respectfully Submitted,

Date: 3-24-21, 2021


(signature)
Kevin Coit
(print name)

S Phoenix # KL2601
1300 Muky Chic Drive
Collegeville PA 19426

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

Violation of Code of Ethics 215 Sec 3 P on 12/22/2011
 was taken to ROC My property was taken to the Main Property Room instead
 of the Room from 9 to Property to the Rm My t.v, 2 pairs of Sneakers
 My Fan, 2 Rugs, 1 extension cord, 1 FCA remote, 1 Sweat pants, 1 sweat
 shorts My State id all was missing i was Not given a C.I.R and My
 property was inventoried outside my presence and i was not given a C.I.R and My
 DC 153 the these items were given to my by BMA staff as part of my
 treatment and incentives which is why they are on my 153's see exhibits
 all Items were new except t.v and Fan i would like my property
 back or Reimburst At Commissary Value for those items

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

1/6/2021

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
 GOLDEN ROD Inmate Copy



Initial Review Response

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

01/20/2021 03:10

Inmate Name:	COIT, KEVIN	DOC #:	KX2601
Facility:	Phoenix	Unit Location:	G / D 1507
Grievance #:	908215		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision: Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

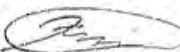
Response:

In your grievance you indicate that your property was taken from G block to the property room instead of B block when you went to the POC and now items are missing. On 12/22/2020 you were taken from G block to B block and the officer on G block completed a property removal form indicating that 1 foot locker, 3 boxes, TV, radio, tablet, razor and keyboard were packed and sent to B block. All of your property was packed and sent to B block. When you arrived on B block it was determined that you needed POC placement at which time B block staff sent your property to the property room. Per policy, while you are housed in the POC, your property is to be stored in the property room not on B block. Confiscated Items Receipt N. B 710138 indicates that a pair of Reebok size 10.5, Nike size 9.5 were destroyed because they were not yours. It also indicates that your fan was confiscated due to a bad engraving and RCA TV w/remote was confiscated because the serial # was traced and it was not yours. Your grievance is denied.

Signature:

Name:	A. Olivier
Title:	
Approver:	K. Owens
Date:	January 20, 2021

CC: Facility Grievance Coordinator
DC-15

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <u>Mrs. Owens</u>	2. Date: <u>1-5-21</u>	
3. By: (Print Inmate Name and Number) <u>Karen Kevin Coit</u> 	4. Counselor's Name: <u>Smith</u>	
	5. Unit Manager's Name: <u>Oliver</u>	
6. Work Assignment: <u>Janitor</u>	7. Housing Assignment: <u>JD-7</u>	
8. Subject: State your request completely but briefly. Give details. <u>Mrs. Owens, I have submitted several request slips and grievances and I have not received my pink copies or responses. I have several copies of these request slips and my yellow copies of grievances I have written when I spoke to you while I was in the P.C. You told me that was not your problem. I would like to know if that is still your stance or are you going to investigate why my paperwork is coming up missing.</u>		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

STAFF MEMBER NAME _____ DATE _____
 Print _____ Signature _____

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER		
CCX 3 Self File		
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <u>Mrs. Orlando</u>	2. Date: <u>1. 9. 21</u>	
3. By: (Print Inmate Name and Number) <u>INR2601 Kevin Calt</u>	4. Counselor's Name: <u>Smith</u>	
 Inmate Signature	5. Unit Manager's Name: <u>Oliveri</u>	
6. Work Assignment:	7. Housing Assignment:	
8. Subject: State your request completely but briefly. Give details. <u>Mrs. Orlando i would like to know what is it that you meant by i should have never filed grievances 910767, 909901</u>		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

STAFF MEMBER NAME _____ Print _____ Signature _____ DATE _____

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>arlando</i>	FACILITY: <i>Phx</i>	DATE: <i>1-8-24</i>
FROM: (INMATE NAME & NUMBER) <i>KWZ-1 Kevin Cart</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>NIA</i>	HOUSING ASSIGNMENT: <i>8D7</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

on 1.8.20 i had court for CP-31-CR-465-2020 i was never given the chance to go to court when i asked Mrs. Oliveri about court she stated listen i am under a lot of heat over your missing property so if you forget about your missing property i'll make sure you get to court if not i am going to tell the CIO's you refused so how are you going to do this Mr. cart i attempted to hit my button to tell the CIO's i wanted to go to court but nobody ever answered my call button as a result i was not able to go to court as a relief i request punitive damages and compensatory damages

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

JAN 11 2021

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>TJ</i>	2. Date: <i>1-10-21</i>	
3. By: (Print Inmate Name and Number) <i>KW2601 Kevin Cole</i>	4. Counselor's Name: <i>Son-Yh</i>	
	5. Unit Manager's Name: <i>Oliver</i>	
6. Work Assignment:	7. Housing Assignment: <i>907</i>	
8. Subject: State your request completely but briefly. Give details. <i>I have a trial coming up i would like to be signed up for the law library AS soon as possible</i>		
9. Response: (This Section for Staff Response Only)		
<i>OK/O 01/17/21</i>		
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>
STAFF MEMBER NAME <i>L. Shan</i>		DATE <i>01/13/21</i>
Print		Signature <i>[Signature]</i>

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: <i>Phx</i>	DATE: <i>1/13-21</i>
FROM: (INMATE NAME & NUMBER) <i>Kenneth Cott KKA261</i>	SIGNATURE OF INMATE:	
WORK ASSIGNMENT: <i>NJA</i>	HOUSING ASSIGNMENT: <i>9D-7</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

On 1-13-21 i expressed to Cdo June doe on 2-10 that was hearing voices and feeling suicidest officer June doe told me to Kill Myself and she does not care i have had two previous incidents were i was allowed to cut self June doe became very aggressive and told me if i submitted a grievance i would surely regret such an action because they stick together around here and resisting an Officer can lead to assault charges and broken body parts i then requested to speak to an area Lt and was told to huffly up and Kill yourself June doe is Not Cut Nor is trained tactical with Mental Health inmates in accordance with the 13-2-1 Nor §.1.1 i have spoken to Mrs Nash Oliver Lpm Matteo and deputy Siple in relation to having adequate Mental Health Staff in the block but have been told they Can do what they want so i need to get over it for violations of doc Code of ethics i request Punitive and Monetary damages in addition Plaintiff was denied the opportunity to utilize Chap 10 of command

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 1-15-2021
FROM: (INMATE NAME & NUMBER) <i>KX26d Kevin Cuff</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>Janitor</i>	HOUSING ASSIGNMENT: <i>907</i>	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking. <i>Harassment / unconstitutional conditions of confinement on 1-15-2021 i received mail back which was legal for the fourth time this institution is violating dc Adm 803 Legal mail does not have to have institutional address Second we do Not get blank envelopes for me do & such a thing but again this is Not mandated i have spoken to oliver, Mrs Smith, as a relief i Request legal Mail sent out as addressed Punitive & monetary relief</i>		
B. List actions taken and staff you have contacted, before submitting this grievance.		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy

CANARY File Copy

PINK Action Return Copy

GOLDEN ROD Inmate Copy



Initial Review Response

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

01/25/2021 07:56

Inmate Name:	COIT, KEVIN	DOC #:	KX2601
Facility:	Phoenix	Unit Location:	G / D 100F
Grievance #:	910761		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision: Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

Response:

Mr. Coit you state in your grievance that your outgoing legal mail is being returned to you for using the incorrect return address. You state that you do not need to use the institutions address.

Mr. Coit , the DC-ADM 803 policy states in Section 1.A.10., "All outgoing mail shall include on the envelope the fully-approved inmate name, Department inmate number, and return address printed in a legible, undisguised manner on the upper, left-hand corner of the envelope.... Privileged correspondence will have the facility mailing address with the inmate's name and number as the return address." Per policy, the mailroom was correct sending the correspondence back to you for the correct return address.

This grievance is denied.

Signature:

Name:	A. Olivarez
Title:	
Approver:	K. Owens
Date:	January 25, 2021

CC: Facility Grievance Coordinator
DC-15

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: <i>10 1-17-21</i>
FROM: (INMATE NAME & NUMBER) <i>Michael Kevin Cart</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>Janitor</i>	HOUSING ASSIGNMENT: <i>907</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

on 1-17-21 i was supposed to be placed on the call out for law library but i was not placed on ~~the~~ the call out i had been approved by ms shan this is a continuous problem i am being denied law library i have 5 active cases Court v. Lieber 1:19-cv-2036 & Court v. grushawski and 3 CANM. V. Court i am not able to research or type anything up i have not been to the law library in over a month as relief request punitive and monetary damages i have spoken to sup surber, dep. sipple, am alweri, sgt green

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
WORK ASSIGNMENT: <i>1X2601 Kevin Coit Janitor</i>	HOUSING ASSIGNMENT: <i>9D7</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

On 1-17-21 i was supposed to be placed on the call out for law library but i was not placed on ~~the~~ the call out i had been approved by mrs Shan this is a continuous problem i am being denied law library i have 5 active cases Coit v. Luther 1:19-cv-2036 Coit v. gromowski and 3 comm. v. Coit i am not able to research or type anything up i have not been to the law library in over a month as relief i request punitive and monetary damages i have spoken to sup Sorber, dep. Sipple, um Oliveri, Sgt green

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER) <i>Levin C. 18-661</i>	SIGNATURE OF INMATE:	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>9D7</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

Violation of due process on DIA 21 i submitted several grievances in relation to several issues i have not received no notice to indicate those grievances were processed even grievances that have been processed i am not getting responses at initial or response nor facility appeal grievances i appealed 903505, 904589, 899548 when i spoke to mrs ottando, and mrs owens they both stated that they just process the grievances its not their job to look for specific peoples grievances and sometimes grievances get lost here especially for people who causes trouble these actions and statements violate the PLRA exhaustion requirements as a relief i request punitive damages and monetary damages plaintiff has written several request slips to mrs ottando and mrs owens to sup sorber, dept sippel, oliver, non have responded to my request plaintiff has multiple copies of all request sent out

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 18 1-21-21
FROM: (INMATE NAME & NUMBER) <i>Kevin Cott KK2601</i>	SIGNATURE OF INMATE:	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>9D7</i>	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking. <i>Violation of due process on 1-4-21 i submitted several grievances in relation to several issues i have not received no notice to indicate those grievances were processed even grievances that have been processed i am not getting responses. At initial response nor facility appeal grievances i appealed 903505, 904589, 899548, when i spoke to mrs orlando, and mrs owens they both stated that they just process the grievances its not their job to look for specific peoples grievances and sometimes grievances get lost here especially for people who causes trouble these actions and statements violate the PLRA & exhaustion requirements as a relief i request punitive damages and monetary damages plaintiff has written several request slips to mrs orlando and mrs owens to sup sorber, dept. sippel, oliveri non have responded to my request plaintiff has multiple copies of</i> B. List actions taken and staff you have contacted, before submitting this grievance. <i>all request sent out</i>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER CLX3 Self File		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) Mrs. Orlando	2. Date: 1-19-21	
3. By: (Print Inmate Name and Number) MAX601 Kevin Coit	4. Counselor's Name: Mrs. Smith	
 Inmate Signature		5. Unit Manager's Name: Oliveri
6. Work Assignment:	7. Housing Assignment: 907	
8. Subject: State your request completely but briefly. Give details. I would like to know why i have not received my responses for the following grievances and appeals 904589, 903565, 899548		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

STAFF MEMBER NAME _____ Print _____ DATE _____
 _____ Signature _____

To DC-14 CAR only

To DC-14 CAR and DC-15 IRS

STAFF MEMBER NAME

Print

Signature

DATE 01/21/2021

STAFF MEMBER NAME

To DC-14 CAR and DC-15 IRS □

STAFF MEMBER NAME *[Signature]* Print

Signature

DATE

1/28/2021

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>Mrs Orlando</i>	2. Date: <i>121-21</i>	
3. By: (Print Inmate Name and Number) <i>KIX261 Kevin Cole</i>	4. Counselor's Name: <i>Mrs Smith</i>	
 Inmate Signature	5. Unit Manager's Name: <i>Oliver</i>	
6. Work Assignment: <i>Juritor</i>	7. Housing Assignment: <i>9D-7</i>	
8. Subject: State your request completely but briefly. Give details. <i>Mrs Orlando i still have not received any grievance appeals so i can appeal grievances when i spoke to you you told me i may appeal grievances on regular paper with all grievance information i complied with your directives and i still have not received my appeal responses for 899 548, 903 505, 904 589 909 901, 910 761, 910 765, [REDACTED]</i>		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

STAFF MEMBER NAME _____ DATE _____
 Print _____ Signature _____

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER		
<i>LCK3 Self File</i> <i>X1 Parole Supervisor</i>		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>Parole Supervisor</i>	2. Date: <i>1-22-21</i>	
3. By: (Print Inmate Name and Number) <i>Kd2601 Kevin Cole</i>	4. Counselor's Name: <i>Smith</i>	
<i>[Signature]</i> Inmate Signature	5. Unit Manager's Name: <i>Oliveri</i>	
6. Work Assignment: <i>Janitor</i>	7. Housing Assignment: <i>907 G-D-1007</i>	
8. Subject: State your request completely but briefly. Give details. <i>I would like to know why Am i not scheduled for Parole until 11/2022 i do not have Any dc time due to My placement in the BMU and i am 5 Years past my minimum inst parole was 5-2016</i>		
9. Response: (This Section for Staff Response Only)		
<i>You keep getting too many write-ups. Board won't see you if you keep getting them.</i>		
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

STAFF MEMBER NAME Sgt. M. Hernandez Print MH Signature DATE 1/25/21

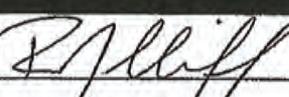
Form DC-135A INMATE'S REQUEST TO STAFF MEMBER CCX3 Self-File		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) Mrs. Owens	2. Date: 1/24/21	
3. By: (Print Inmate Name and Number) 14260 Kevin C. L.	4. Counselor's Name: Smith	
 Inmate Signature		5. Unit Manager's Name: Oliver
6. Work Assignment:	7. Housing Assignment: 907	
8. Subject: State your request completely but briefly. Give details. Mrs. Owens : would like for this office to know that C/L's are threatening to write me up for filing grievances i was forced to withdraw grievance # 910377 when i spoke to you about it you stated that withdrawing is your recommendation		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

STAFF MEMBER NAME _____ DATE _____
 Print _____ Signature _____

GRIEVANCE WITHDRAWAL
SCI PHOENIX
1200 Mokychic Drive
Collegeville, PA 19426

G-D-1007

This serves to acknowledge receipt of recent communication indicating your desire to withdraw the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System," the Facility Grievance Coordinator will withdraw this grievance in response to your request.

Inmate Name:	Kevin Cuit		Inmate Number:	KX2601
Facility:	SCI PHOENIX		Date:	1-20-21
Grievance:	None			
Action:	Withdrawal			
I wish to withdraw this grievance concerns were addressed				
Inmate's Signature:		Grievance Officer's Signature:		
Grievance Officer's Title:	Lieutenant			
Date:	1/20/2021			
Counselor's Name:	A. Olivieri	Chillie	Date:	1/20/21
Withdraw Verified:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:				

cc: Facility Grievance Coordinator
Grievance Officer
DC-15
File

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>Mrs Orlando</i>	2. Date: <i>1.25.21</i>	
3. By: (Print Inmate Name and Number) <i>Khalbet Kevin Cott</i> 	4. Counselor's Name: <i>Smith</i>	5. Unit Manager's Name: <i>Oliveri</i>
6. Work Assignment:	7. Housing Assignment: <i>907</i>	
8. Subject: State your request completely but briefly. Give details. <i>Mrs Orlando i would like to receive facility appeals and final review appeals there are none on the block and i can not comply with proper exhaustion without these papers Thank You</i>		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

STAFF MEMBER NAME _____ Print _____ Signature _____ DATE _____

**Initial Review Response**

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

02/11/2021 01:32

Inmate Name:	COIT, KEVIN	DOC #:	KX2601
Facility:	Phoenix	Unit Location:	G / D
Grievance #:	910767		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision: Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

Response:

I have received your grievance in which you state that on 1/4/2021 you submitted several grievances but have not received anything back. You state you are not getting initial review response or facility appeal responses to #903505, 904589, 899548. You state you spoke with Ms. Orlando and Ms. Owens in which they both told you they just process the grievances its not their job to look for specific grievances. You are requesting relief.

I find that appeals for 913617 and 899548 were completed on 12/22 and 12/30; they were placed into the in-house mail. I also find that you changed housing units between this time which could have caused a delay in you receiving these responses. The Superintendent's Office did not receive an appeal for 904589. A review of the grievance system shows a grievance was received on 1/6/2021 regarding property. All grievances and inmate requests are processed accordingly. Additionally, staff deny they made those comments to you.

Grievance and requested relief is denied.

Signature:

Name:	J. Terra
Title:	
Approver:	K. Owens 
Date:	February 11, 2021

CC: Facility Grievance Coordinator
DC-15

cc:3 self file

mr.wetzel my name is kevin coit kx2601 i am writting in regards to several issues i am experiencing at sci phoenix first i would like to address the visiting system as of 10/23/2020 i arrived at sci phoenix and have not been able to receive not a single visit i have written several request slips and grievances to no avail my request slips go unanswered and my grievances are very evasive in resonses my family are unable to log on to the visiting site or when they are able to log in they can not schedule a visit i have spoen to the deputies at sci phoenix and am told that you are the one in charge of this matter i was not having these issues at sci rockview i would like for this matter to be looked into second is the matter of my grievances or request slips not being responded to i have written several to multiple prison officials at sci phoenix in regards to mental health treatment and ooc but i have received no response in these matters i have been trying to b placed back onto my medication due to my depression and due to the denial of my ooc i have been permitted to engage in self harm and the c/o's only encouraged my self injurious behaviors and simple state that due to your orders all prisoners even with mental health can only come out for fifteen mins a day which is the denial of the mandatory hour recreation per the u.s.c 8th amendment thank you for your time and hope to hear from you soon in an effort to resolve these issues

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 21.21
FROM: (INMATE NAME & NUMBER) <i>KX6601 Kevin Cat</i>	SIGNATURE OF INMATE: <i>Cat</i>	
WORK ASSIGNMENT: <i>Janitor</i>	HOUSING ASSIGNMENT: <i>90207</i>	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking. <p><i>on 131.21 I told C/o Gillard that i was depressed and suicidal at 11:30AM I was told by C/o Gillard to go ahead and kill myself and if i dont withdraw my grievance on Oliver. i was going to regret coming to this jail and if i report him next time he works he will wake me up so i was in my cell cutting for 8 hours bleeding and i had to refuse treatment due to threats of going to the RHM as a result i request punitive & Monetary</i></p>		
B. List actions taken and staff you have contacted, before submitting this grievance.		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
Kadalou Keita 50302	<i>[Signature]</i>	
WORK ASSIGNMENT: Janitorial	HOUSING ASSIGNMENT: 90302	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

on 1/31/21 I told C/o Gillard that i was depressed and suicidal at 11:30AM
 I was told by C/o Gillard to go ahead and kill myself and if i don't withdraw my grievance on Oliver i was going to regret coming to this jail
 and if i report him next time he works he will write me up so i was in my cell cutting for 3 hours bleeding and had to refuse treatment due to threats of going to the RRU as a result i request punitive & Monetary

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

 Signature of Facility Grievance Coordinator

 Date

WHITE Facility Grievance Coordinator Copy

CANARY File Copy

PINK Action Return Copy

GOLDEN ROD Inmate Copy



Initial Level Extension

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

01/21/2021 09:13

Inmate Name:	COIT, KEVIN	DOC #:	KX2601
Facility:	Phoenix	Unit Location:	G / D 1007
Grievance #:	910377		

In accordance with the provisions of DC-ADM 804, Inmate Grievance System policy, this notification provides notice that staff requires an extension for responding to your grievance.

Action:

Notice of Staff Extension – This serves as written notification that an extension is necessary in order to appropriately investigate and respond to your grievance (or appeal). Staff has been authorized to extend the response time by 10 additional working days.

Comments:

Signature:

Name:

Title: Facility Grievance Coordinator

Date:

cc: Facility Grievance Coordinator
DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-E

Issued: 1/26/2016 Effective: 2/16/2016

KX2601 Grievance #:910377

COIT, KEVIN

Page 1 of 1

**Initial Review Response**

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

02/09/2021 08:27

Inmate Name:	COIT, KEVIN	DOC #:	KX2601
Facility:	Phoenix	Unit Location:	G / D 1007
Grievance #:	913077		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision: Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

Response:

Officer stated he never made the statement. Unit pysch also makes several rounds on unit during day, no mention of suicidal made to pysch. Inmate also has history of making false claims against officers/staff.

Signature:

Name:	J. Nyce
Title:	
Approver:	K. Owens
Date:	February 9, 2021

CC: Facility Grievance Coordinator
DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

Issued: 1/26/2016 Effective: 2/16/2016

KX2601 Grievance #:913077

COIT, KEVIN

Page1 of 1

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 2-8-21
FROM: (INMATE NAME & NUMBER) <i>KK261 Kevin Cott</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>Janitor</i>	HOUSING ASSIGNMENT: <i>9D 107</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
 2. State your grievance in Block A in a brief and understandable manner.
 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.
- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

On 1.17.21 i sent a request to Medical department to review my Medical and mental health records i still have not been able to review MY files nor have i received a response for the request slip i am prose in Letter of Civil Vi Luther 1:19-cv-2036 My discovery process is over next Month March 2021 as a relief i request to review requested documents or Punitive and Monetary damages

- B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 2-8-21
FROM: (INMATE NAME & NUMBER) <i>KKagel Kevin Cut</i>	SIGNATURE OF INMATE:	
WORK ASSIGNMENT: <i>Janitor</i>	HOUSING ASSIGNMENT: <i>GD 107</i>	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking. <i>on 1-17-21 i sent a request to Medical department to review my Medical and mental health records i still have not been able to review MY FILES NOR have i received a response for the request Sl.P i am file sc in Letter of Com v. Luther 1:19-cv-2036 My discovery process is over Next Month March 22 of 2021 as a relief i request to review requested documents of Punitive and Monetary damages</i>		
B. List actions taken and staff you have contacted, before submitting this grievance.		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

RETURNED MAIL NOTICE

GD-1007

INMATE NAME: K Coit

INMATE NUMBER: KX 2601

DATE: 2/8/21

Please be advised that the attached correspondence is being returned to sender by the Mailroom for the following reason:

- You have exceeded your state issued envelopes for the month. Correspondence from this date until the end of the current postage period must have a Postage/Cash Slip attached. Please provide a completed Postage Slip.
- Address incomplete/incorrect.
- Postage/Cash Slip incomplete/incorrect.
- Correspondence has insufficient postage. Please provide a completed Postage/Cash Slip.
- Insufficient funds available to satisfy Postage/Cash Slip request.
- Other:

Please correct the issue(s) noted above before attempting to resend.

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>Inmate accounts supervisor</i>	2. Date: <i>2/18/21</i>	
3. By: (Print Inmate Name and Number) <i>KX2601 Kevin Cet</i>	4. Counselor's Name: <i>Smith</i>	<i>RECEIVED</i> <i>FEB 09 2021</i> <i>INMATE ACCOUNTS</i>
<i>[Signature]</i> Inmate Signature	5. Unit Manager's Name: <i>Oliveri</i>	
6. Work Assignment:	7. Housing Assignment: <i>9D 107</i>	
8. Subject: State your request completely but briefly. Give details. <p>I Would like to know in what policy Not inmate Supplementary handbook Administrative Policy Signed off and approved by John Wetzel does it state that an inmate can ONLY send Money off of their books to people on their visiting list please refer to doc policy when responding due to SCI Phoenix Not responding to previous request I have made copies of this request slip Please respond in accordance to dc ADM 7.2.1 stating staff have five business days to respond to request</p>		
9. Response: (This Section for Staff Response Only)		
<p>DOC Policy 01.01.01, Section 3, Inmate Handbook - 2017 SCI Phoenix Inmate Handbook, Section 1, Part A, Paragraph 6, subsection - 2018 SCI Phoenix Inmate Handbook Supplement, Section 1, Part A, Paragraph 1</p> <p>These are the signed/approved DOC policies regarding who and how much you can send via cash slip. Also which staff may countersign. The process of verifying the identities of individuals is covered by the following:</p> <p>DC-ADM 812, Inmate Visiting Privileges, Section 1, subsections E and M</p> <p>All of these policies have been condensed onto the Inmate Accounting, Outgoing Money Order Memo.</p>		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	Memo.

STAFF MEMBER NAME

R Kochler

Print

RK

Signature

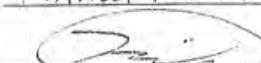
DATE *2/12/21*

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>Mrs. Oliveri Orlando</i>	2. Date: <i>2-10-21</i>	
3. By: (Print Inmate Name and Number) <i>KX0601 Kevin Coit</i> 	4. Counselor's Name: <i>smith</i>	
Inmate Signature	5. Unit Manager's Name: <i>Oliveri</i>	
6. Work Assignment:	7. Housing Assignment: <i>9D-7</i>	
8. Subject: State your request completely but briefly. Give details. <i>Mrs. Orlando: I am writing because as the Grievance Coordinator one of your duties to ensure that all grievances that are responded have been properly filed and are in compliance with DCADM 804 but you and Mrs. Owens are approving responses that are completely defective. The following grievances are missing one or all the signatures, titles, dates or locations of inmate housing 904589, 910701, 910767, 910377, 913077</i>		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

STAFF MEMBER NAME _____ DATE _____
 Print _____ Signature _____

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>R Kochler inmate accounts</i>	2. Date: <i>2-13-21</i>	
3. By: (Print Inmate Name and Number) <i>KX2601 Kevin Cott</i>	4. Counselor's Name: <i>Smith</i>	5. Unit Manager's Name: <i>Oliver</i>
 Inmate Signature		
6. Work Assignment:	7. Housing Assignment: <i>9D-107</i>	
8. Subject: State your request completely but briefly. Give details. I have reviewed All the Policies referenced in request dated 2-8-21 and at no point does it say the person(s) whom inmates send Money has to be on the inmate visitor list it simply states Must have a Verified Relation such as Brother, Sister, Mother, Father, Uncle, Aunt, Nephew, Niece ect & institutional Memo does Not Supercede Any policy unless authored by John Wetzel himself and I have not received any such Memo indicating such actions have been approved to the contrary the doc has already been sued and lost such a case and every institution has a suppl.menty hand book that detail institutional process but is Compliant with All Policies in effect there are also other ways ways of identifying family besides an inmate visitors list so again which policy states an inmate can only send money to people on their visitor list because 01.01.01, inmate handbook, NOR does dc Adm 812 effective 9-27-2018 say that, again due to not receiving responses i have a personal copy for my records in accordance with 7-2-1 this office has five business days to respond		
9. Response: (This Section for Staff Response Only)		
<p>You answered your own question. Verified Relation. Once verified the person is added to your authorized visitor list. All of the policies have been signed off by John Wetzel before being added into DOC policy. I don't know what else you are looking for? The Business Office follows all DOC Policies and Procedures. These policies and procedure will continue to be followed without exception. NO FURTHER ACTION NEEDED.</p>		
<input type="checkbox"/> To DC-14 CAR only		<input type="checkbox"/> To DC-14 CAR and DC-15 IRS

STAFF MEMBER NAME R Kochler Print RK Signature DATE 2/22/21

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>Mrs. Owens</i>	2. Date: <i>2-7-21</i>	
3. By: (Print Inmate Name and Number) <i>KN2601 Kevin Cole</i>	4. Counselor's Name: <i>Smith</i>	
Inmate Signature 		
5. Unit Manager's Name: <i>Oliveri</i>		
6. Work Assignment: <i>janitor</i>	7. Housing Assignment: <i>9D-7</i>	
8. Subject: State your request completely but briefly. Give details. <i>Mrs. Owens I still have not received a response for the following grievances 910761, 910765, 910768, 910377, 909901</i>		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

STAFF MEMBER NAME _____ Print _____ Signature _____ DATE _____

RETURNED MAIL NOTICE

G.D-1007

INMATE NAME: K Coit

INMATE NUMBER: KX 2601

DATE: 2/22/21

Please be advised that the attached correspondence is being returned to sender by the Mailroom for the following reason:

- You have exceeded your state issued envelopes for the month. Correspondence from this date until the end of the current postage period must have a Postage/Cash Slip attached. Please provide a completed Postage Slip.
- Address incomplete/incorrect.
- Postage/Cash Slip incomplete/incorrect.
- Correspondence has insufficient postage. Please provide a completed Postage/Cash Slip.
- Insufficient funds available to satisfy Postage/Cash Slip request.
- Other:

Please correct the issue(s) noted above before attempting to resend.

Form DC-135A

Commonwealth of Pennsylvania
Department of Corrections**INMATE'S REQUEST TO STAFF MEMBER****INSTRUCTIONS**

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer) <i>Sirber</i>	2. Date: <i>3-2-21</i>
3. By: (Print Inmate Name and Number) <i>10261 Kevin Coit</i>	4. Counselor's Name: <i>Smith</i>
	5. Unit Manager's Name: <i>Oliver</i>
6. Work Assignment: <i>Janitor</i>	7. Housing Assignment: <i>GD 107</i>
8. Subject: State your request completely but briefly. Give details. <i>Mr.Sirber how are you i would like to know when are Contact visits going to be reinstated or when will the visits if they are going to be on the tablets be available in addition when will the Co-horts be increased thank you for your time</i>	
9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

STAFF MEMBER NAME _____ DATE _____
 Print _____ Signature _____

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER CCX3 Self file X1 Sorber	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) of Sorber	2. Date: 3. 2. 21
3. By: (Print Inmate Name and Number) 8X2601 Kevin Cott 	4. Counselor's Name: Smith
	5. Unit Manager's Name: Oliver.
6. Work Assignment: Janitor	7. Housing Assignment: 9D 107
8. Subject: State your request completely but briefly. Give details. Mr. Sorber how are you today under these circumstances i hope you are in good health Anyway iam writing in regards to inmate account are you aware that they are refusing to send Money from my books to my family and friends Attached is the correspondence i have had with them in addition are the policies they use as a reference in None of these policies does it state that the person(s) has to be on the inmate visitors list in addition to this the rejection form is purely a memo that is of no attachments to Any dc Adms these exhibits which are Policies that inmate accounts quoted say no such thing in this Case inmate handbook 2017 is null and void due to the revision in 2018 All other Policies are current dc Adm 812 States Nothing on Who a inmate May Send Money to due this strickly being about inmate visits and visitors list Nothing personal but due to a history of staff Not responding to request i have 2 personal Copies which Means this office has Five business days to respond in accordance to 7.2.1	
9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

STAFF MEMBER NAME _____ DATE _____
 Print _____ Signature _____

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.		
1. To: (Name and Title of Officer) <i>Sirber</i>	2. Date: <i>3-2-21</i>	
3. By: (Print Inmate Name and Number) <i>1002601 Kevin Coit</i>	4. Counselor's Name: <i>Smith</i>	
 Inmate Signature	5. Unit Manager's Name: <i>Oliveri</i>	
6. Work Assignment: <i>Janitor</i>	7. Housing Assignment: <i>GD 107</i>	
8. Subject: State your request completely but briefly. Give details. <i>Mr. Sorber how are you i would like to know when are Contact visits going to be reinstated or When will the visits if they are going to be on the tablets be available in addition when will the Co-horts be increased thank you for your time</i>		
9. Response: (This Section for Staff Response Only)		
<input type="checkbox"/> To DC-14 CAR only		<input type="checkbox"/> To DC-14 CAR and DC-15 IRS

STAFF MEMBER NAME _____ DATE _____
 Print _____ Signature _____

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER CCX3 Self file X1 Sorber		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>of Sorber</i>	2. Date: <i>3.2.21</i>	
3. By: (Print Inmate Name and Number) <i>Khalil Kevin Cott</i> <i>[Signature]</i>	4. Counselor's Name: <i>Smith</i>	
Inmate Signature	5. Unit Manager's Name: <i>Oliver.</i>	
6. Work Assignment: <i>Janitor</i>	7. Housing Assignment: <i>GD 107</i>	
8. Subject: State your request completely but briefly. Give details. Mr. Sorber how are you today under these circumstances i hope you are in good health Anyway i am writing in regards to inmate account are you aware that they are refusing to send Money from my books to my family and friends Attached is the correspondence i have had with them in addition are the policies they use as a reference in none of these policies does it state that the person(s) has to be on the inmate visitors list in addition to this the rejection form is purely a memo that is of no attachments to any dc AIMS these exhibits which are policies that inmate accounts quoted say no such thing in this case inmate handbook 2017 is null and void due to the revision in 2018 All other policies are current dc Adm 812 States Nothing on who a inmate may send monies to due this strictly being about inmate visits and visitors list Nothing personal but due to a history of staff not responding to request i have 3 personal copies which means this office has five business days to respond in accordance to 7.2.1		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

STAFF MEMBER NAME _____ DATE _____
 Print _____ Signature _____



Initial Review Response

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

01/28/2021 07:47

Inmate Name:	COIT, KEVIN	DOC #:	KX2601
Facility:	Phoenix	Unit Location:	G / D 1007
Grievance #:	910765		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision:Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

Response:

I have read your grievance and investigated your claims.

You were scheduled to attend the law library on January 17, 2021, however, you did not attend. Only one inmate attended for that session.

Your grievance is denied. Your relief sought, both monetary and non-monetary, are denied.

Signature:

Name:	J. Terra
Title:	
Approver:	K. Owens
Date:	January 28, 2021

CC: Facility Grievance Coordinator
DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

Issued: 1/26/2016 Effective: 2/16/2016

KX2601 Grievance #:910765

COIT, KEVIN

Page1 of 1

PROPERTY REMOVAL FORM

Name	DC Number	Quarters
Destination		
RHU <input type="checkbox"/>	Infirmary <input type="checkbox"/>	Outside Hospital <input type="checkbox"/>

Unit Officer/Sergeant insure the inmate packs all his property before sealing and shipping. In the event the inmate is not capable or available, it will be necessary for the cellmate to separate his belongings from those being packed.

Cellmate Present Yes <input type="checkbox"/> No <input type="checkbox"/>	Name	DC Number
--	------	-----------

List below the amount and type of property removed from the cell

Footlocker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount of record boxes containing property	
Television	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Make/Model	Serial #
Radio	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Make/Model	Serial #
Typewriter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Make/Model	Serial #
Razor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type	Condition

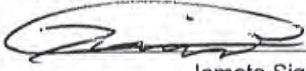
Other valuable items (i.e. musical instruments, watch, jewelry etc...)

Comments:

Housing Unit Officer/Sergeant: _____ Date: _____

All property removed from the cell will be recorded and this form will be taped to the top of one box or footlocker. Boxes will be numbered for accountability (i.e. 1 of 2, 2 of 2)

Property of inmates confined in the RHU will be immediately sent to that unit. In most cases, this will be done on the same day and the same shift that the inmate was confined. Property will be picked up during regular business hours by contacting the Property Room for pick-up and delivery to the RHU. After hours, the Zone Lt/Yard Sgt will send an officer to the unit to pick up the property.

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections
<p>INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.</p>		
1. To: (Name and Title of Officer) <i>Mrs Orlando</i>	2. Date: <i>12-2-21</i>	
3. By: (Print Inmate Name and Number) <i>KX2601 Kevin C. t</i> 	4. Counselor's Name: <i>Mrs RS Smith</i>	
	5. Unit Manager's Name: <i>oliver</i>	
6. Work Assignment: <i>Janitor</i>	7. Housing Assignment: <i>YD-13</i>	
8. Subject: State your request completely but briefly. Give details. <i>Mrs Orlando i am writing because there are NO grievance appeals on g block whenever possible may you please bring some so i may appeal grievances thank you</i>		
9. Response: (This Section for Staff Response Only)		
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

STAFF MEMBER NAME _____ DATE _____
 Print _____ Signature _____

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONSFOR OFFICIAL USE
903505
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 12-3-20
FROM: (INMATE NAME & NUMBER) <i>15K2041 Kevin Cest</i>	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: <i>N/A</i>	HOUSING ASSIGNMENT: <i>9013</i>	
<p>INSTRUCTIONS:</p> <ol style="list-style-type: none"> 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. <p>A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.</p> <p><i>unconstitutional Conditions of Confinement, cruel and unusual punishment on 12-3-20 after four days of complete confinement i have not been offered my 1 hour Mandatory Rec in Compliance with Federal Ruling stating all state or otherwise incarcerated person shall be offered at least an hour recreation under no circumstances have i been offered this hour John E Wetzel and J Sorber are using this Covid to violate already established rights under the united states , am not receiving No Mental Health treatment and this almost total Confinement is only worsening the state of my mental health status i have written CCPM C. hensley in relation to Mental health program and instead of responding to request slips CCPM hensley refuses to respond Rhu dtu, BMU, SRTU all still receive at least their mandatory hour Rec plus mental health groups so why do we in general population have less privilages then those in programs and disciplinary Confinement as a relief i request Compliance with Federal laws and Punitive And Compasatory damages , i also spoke to Mrs Oliveri</i></p> <p>B. List actions taken and staff you have contacted, before submitting this grievance.</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

Superintendent's Office
SCI Phoenix

DEC 08 2020



Initial Review Response

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

03/05/2021 03:10

Inmate Name:	COIT, KEVIN	DOC #:	KX2601
Facility:	Phoenix	Unit Location:	G / D 107
Grievance #:	914365		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Decision: Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

Response:

914365

This is in response to your grievance against the medical records department. You write you sent a request on 1/17/21 to medical to review your medical chart and have not received a response yet.

In response, the log for DC-135a's was checked, there is no record of receipt of a DC-135a from inmate Coit. I will notify medical records you wish to view your medical records.

Your grievance is denied.

Frivolous:

An inmate request was not received

Signature:

Name:	B. Huner
-------	----------

Title:	
--------	--

Approver:	K. Owens
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Date:	March 5, 2021
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CC: Facility Grievance Coordinator
DC-15



UNIT MANAGER:

UM Oliveri DATE: 12/4/2020

SUBJECT: OUTGOING MONEY ORDERS

TO: Kevin Obit
Inmate Name

KX2601
DOC#

GID1013-01
Location

FROM: Inmate Accounting Office

Please refer to the below listed instructions regarding the sending of money orders out of the institution.

1. You may only send to family members as indicated in the Inmate Handbook. They must be ACTIVE on your Visiting list.
2. You must have the name and address of the person or company you are sending to, along with the amount clearly written on the cash slip.
3. You must sign the cash slip in the appropriate area or it will be returned to you.
4. The cash slip CANNOT be signed by a COT or CO1.
5. The cash slip must be signed in the official approval area by Sergeant, Lieutenant, Counselor, or Unit Manager. The name MUST be legible and PRINTED above his/her signature.
6. All money orders that are \$100.00 or more MUST be signed and approved by a LIEUTENANT, COUNSELOR, or UNIT MANAGER ONLY!
7. You must attach an addressed envelope along with the cash slip. Please do not seal the envelopes or the entire packet will be returned to you. (there is no way to send the Money order/check if the envelope is sealed)
8. Return address must be: Smart Communications/PADOC - SCI Phoenix- Inmate Name and DOC # P.O. Box 33028H St. Petersburg, FL 33733
9. Should the need arise, an additional cash slip will need to be attached to the envelope for additional postage due to weight and/or size, or to be mailed out of the United States before the mailroom can process. Please do not put postage on the same Money order/check cash slip to be processed or the entire packet will be returned for separate cash slips. Or NOT an approved State issued envelope, need separate cash slip.
10. You may only send Outside Purchases to Approved Vendors. Please refer to Section 2 –Commissary and Outside Purchases of Department Policy DC-ADM 815, "Personal Property, State Issued Items, and Commissary/Outside Purchases" Subsection B.2. (effective date 11/19/2013) (Religious Articles: Items may only be purchased by inmates identifying with the respective faith group and must be approved by the Facility Chaplaincy Program Director (FCPD) via signature on a DC815A, Outside Purchase Approval Form. Please refer to DC-ADM 819, Religious Activities and DC-ADM815, Personal Property, Basic/State Issued Items and Commissary/Outside Purchases.
11. Outside Purchase Approval Form Required. Outside Purchase Approval Forms are required even if sending to a different address/outside the Institution.

If the above instructions are followed, you can be assured that your outgoing money orders(s) will be handled in a timely and accurate manner.

Cc: File



UNIT MANAGER:

UM Oliveri

DATE:

12/8/2020

SUBJECT: OUTGOING MONEY ORDERS

TO: Kevin Abit
Inmate Name

DOC# KX2001

Location GD1013-01

FROM: Inmate Accounting Office

Please refer to the below listed instructions regarding the sending of money orders out of the institution.

1. You may only send to family members as indicated in the Inmate Handbook. They must be ACTIVE on your Visiting list.
2. You must have the name and address of the person or company you are sending to, along with the amount clearly written on the cash slip.
3. You must sign the cash slip in the appropriate area or it will be returned to you.
4. The cash slip **CANNOT** be signed by a COT or CO1.
5. The cash slip must be signed in the official approval area by Sergeant, Lieutenant, Counselor, or Unit Manager. The name **MUST** be legible and **PRINTED** above his/her signature.
6. All money orders that are \$100.00 or more **MUST** be signed and approved by a **LIEUTENANT, COUNSELOR, or UNIT MANAGER ONLY!**
7. You must attach an addressed envelope along with the cash slip. Please do not seal the envelopes or the entire packet will be returned to you. (there is no way to send the Money order/check if the envelope is sealed)
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11. Outside Purchase Approval Form Required. Outside Purchase Approval Forms are required even if sending to a different address/outside the Institution.

If the above instructions are followed, you can be assured that your outgoing money orders(s) will be handled in a timely and accurate manner.

Cc: File



UNIT MANAGER: UM Oliveri DATE: 12/11/2020

SUBJECT: OUTGOING MONEY ORDERS

TO: Kevin Coit Inmate Name KX 21001 DOC# GPD2013-01 Location

FROM: Inmate Accounting Office

Please refer to the below listed instructions regarding the sending of money orders out of the institution.

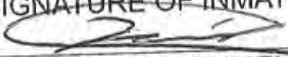
1. You may only send to family members as indicated in the Inmate Handbook. They must be ACTIVE on your Visiting list.
2. You must have the name and address of the person or company you are sending to, along with the amount clearly written on the cash slip.
3. You must sign the cash slip in the appropriate area or it will be returned to you.
4. The cash slip CANNOT be signed by a COT or CO1.
5. The cash slip must be signed in the official approval area by Sergeant, Lieutenant, Counselor, or Unit Manager. The name MUST be legible and PRINTED above his/her signature.
6. All money orders that are \$100.00 or more MUST be signed and approved by a LIEUTENANT, COUNSELOR, or UNIT MANAGER ONLY!
7. You must attach an addressed envelope along with the cash slip. Please do not seal the envelopes or the entire packet will be returned to you. (there is no way to send the Money order/check if the envelope is sealed)
8. Return address must be: Smart Communications/PADOC - SCI Phoenix- Inmate Name and DOC # P.O. Box 33028H St. Petersburg, FL 33733
9. Should the need arise, an additional cash slip will need to be attached to the envelope for additional postage due to weight and/or size, or to be mailed out of the United States before the mailroom can process. Please do not put postage on the same Money order/check cash slip to be processed or the entire packet will be returned for separate cash slips. Or NOT an approved State issued envelope, need separate cash slip.
10. You may only send Outside Purchases to Approved Vendors. Please refer to Section 2 –Commissary and Outside Purchases of Department Policy DC-ADM 815, "Personal Property, State Issued Items, and Commissary/Outside Purchases" Subsection B.2. (effective date 11/19/2013) (Religious Articles: Items may only be purchased by inmates identifying with the respective faith group and must be approved by the Facility Chaplaincy Program Director (FCPD) via signature on a DC815A, Outside Purchase Approval Form. Please refer to DC-ADM 819, Religious Activities and DC-ADM815, Personal Property, Basic/State Issued Items and Commissary/Outside Purchases.
11. Outside Purchase Approval Form Required. Outside Purchase Approval Forms are required even if sending to a different address/outside the Institution.

If the above instructions are followed, you can be assured that your outgoing money orders(s) will be handled in a timely and accurate manner.

Cc: File

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONSFOR OFFICIAL USE
904589
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 12-14-20
FROM: (INMATE NAME & NUMBER) <i>X-Kelvin Kevin Carl</i>	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: <i>Janitor</i>	HOUSING ASSIGNMENT: <i>GD 13</i>	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.		
<p>Retaliation on 12-14-20 C/o B. Miller returned a rejected grievance and two cash slips the grievance # is 903505 and the C/o Miller told me that he had a message from CCPM Hensley and Orlando he said that they told him to tell me that if i knew what was good for me i would not resubmit 903505 or appeal the rejection then he told me that if i told anybody he would spray me next time we came on the block CCPM Hensley grievance coordinator Orlando have been taking retaliatory actions since i have arrived at SCI Phoenix i have been denied to remove funds for me to send to my family my mail is being delayed and i am being allowed to cut myself when C/o Miller told me of what Hensley and Orlando said i told him i was going to kill myself C/o Miller told me to go ahead and do it so i began to cut myself and he denied me medical attention stating you can wait until 2-10 and if you file a grievance on me it will be out worse as a relief i request punitive damages and monetary damages</p> <p>B. List actions taken and staff you have contacted, before submitting this grievance. Monetary damages</p>		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy

CANARY File Copy

PINK Action Return Copy

GOLDEN ROD Inmate Copy

Superintendent's Office
SCI Phoenix

DEC 15 2020

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 12-14-20
FROM: (INMATE NAME & NUMBER) <i>Abbot Kevin Cott</i>	SIGNATURE OF INMATE:	
WORK ASSIGNMENT: <i>Chore</i>	HOUSING ASSIGNMENT: <i>9D 13</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

Retaliation on 12-14-20 C/o B. Miller returned a rejected grievance and two cash slips the grievance # is 903505 and the C/o Miller told me that he had a message from CCPM Hensley and Orlando he said that they told him to tell me that if i knew what was good for me i would not resubmit 903505 or appeal the rejection then he told me that if i told anybody he would spray me the next time he came on the block CCPM Hensley grievance coordinator Orlando have been taking retaliatory actions since i have arrived at SC Phoenix i have been denied to receive funds for me to send to my family my mail is being delayed and i am being allowed to cut myself when C/o Miller told me of what Hensley and ~~Orlando~~ said i told him i was going to kill myself C/o M. He told me to go ahead and do it so i began to cut myself and he denied me medical attention stating you can wait until 2-10 and if you file a grievance on me it will be just worse as a relief i request monetary damages and

B. List actions taken and staff you have contacted, before submitting this grievance. *Monetary damages*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy



Rejection Form

SCI Phoenix
1200 Mokychic Drive
Collegeville, PA, 19426

12/15/2020 03:04

Inmate Name:	COIT, KEVIN	DOC #:	KX2601
Facility:	Phoenix	Unit Location:	G / D
Grievance #:	904589		

This serves to acknowledge receipt of your grievance to this office. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", I have reviewed all documents provided as part of the grievance. Upon consideration of the grievance, it is the decision of this office to reject your grievance due to a failure to comply with the provisions of the DC-ADM 804, as specified below:

Rationale:

- Grievances based upon different events must be presented separately.

Response:

Signature:

Name: K. Owens

Title: Facility Grievance Coordinator

Date:

cc: Facility Grievance Coordinator
DC-15

DC-154A Revised 7/2009		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS			
No. B 710138					
Confiscated Items Receipt (Inmate)					
DC-NUMBER <i>KX2601</i>	Inmate Name <i>CO IT</i>	Cell	Facility <i>SCI-PHX</i>	Date <i>12/23/20</i>	Time <i>0630</i>
<input type="checkbox"/> Random Search	Misconduct Report		Comments: <i>IN POPULATION PROPERTY</i>		
<input type="checkbox"/> General Search	Prepared				
<input type="checkbox"/> Investigative search	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Item(s) Confiscated	<i>Disposition</i>		Item(s) Confiscated	<i>Disposition</i>	
1. SNEAKS → REEBOK SIZE <i>(10 1/2)</i>	<i>NOT HIS DESTROYED</i>		2. FAN	<i>NOT HIS BAD ENGRAVING</i>	
3. SNEAKS - NIKE SIZE <i>(9 1/2)</i>	<i>NOT HIS DESTROYED</i>		4. RCA TV w/ REMOTE <i>0001152</i>	<i>NOT HIS SERIAL # TAKED</i>	
5.			6.		
7.			8.		
9.			10.		
<input type="checkbox"/> Uniform Commercial Code (UCC) and Paper Terrorism Materials					
<p>UCC and related material will be confiscated and will not be subject to a disposition other than return to the inmate, destruction or forwarding to the Chief of Security or Chief Counsel's Office. Upon confiscation, the inmate has 15 days to file a grievance, in accordance with DC-ADM 804, "Inmate Grievance Procedure."</p> <p style="text-align: right;"><i>2/1/21</i></p>					

DC-141, Part 3 Program Review Committee Action <input type="checkbox"/> Misconduct Appeal		COMMONWEALTH OF PENNSYLVANIA Department of Corrections		
		<input type="checkbox"/> Periodic Review	<input type="checkbox"/> Other	
DC Number KX2601	Name Coit	Facility PHX	Date of Review 12/28/2020	No. from DC-141, Part 1

Program Review Committee's Decision and Rationale

Mr. Coit's (KX2601) case has been addressed by the POC Treatment Team; Inmate has been cleared psychiatrically for discharge from the POC today.

Plan is to DC today to B Block in a camera cell today. A DC-709 has been signed by Shift Commander for razor restrictions.

Continue Move to AC Release to GP Release Cell Restriction Continue Investigation

Release to Control GRP Release Medical Release Diag. Center Release Sent. Complete
Decision Relative to Hearing Examiner's Verdict

Reject Uphold Uphold-Modify Remand back Vacate-permit Recharge Dismiss

Names of Program Review Committee Members

Signatures

Date

Anthony Matteo, Ph.D./PSS Stickney

12/28/2020

Adam Glushakow, MD

12/28/2020

V. Olivencia, RN

12/28/2020

WHITE - DC-15

YELLOW - INMATE

PINK - STAFF MEMBER REPORTING MISCONDUCT
GOLDENROD - DSFM

**DC-141, Part 2(B)
DISCIPLINARY HEARING
REPORT**

**COMMONWEALTH OF PENNSYLVANIA
Department of Corrections**

DC Number KX601	Name Coit, R.	Facility SCI-PHY	Hearing Date 10/09/20	Hearing Time 0711	No. from Part 1 1D257616
INMATE INMATE	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input checked="" type="checkbox"/> Other	VERDICT	<input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	

HEARING ACTION

CHARGES **35**

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

Defendant Court refuses, in accordance with DC ADM 801 to attend this Hearing Per COI Circular. The hearing P-11 is desired. Hearing read the report re: witness the Misconduct is Dismissed with Prejudice

DR. Alvarado

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	The inmate has heard the decision and has been told the reason for it and what will happen.	I-C DC 141 Part A D SEE APPENDICES
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	The circumstances of the charge have been read and fully explained to the inmate.	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	The opportunity to have the inmate's version reported as part of the record was given.	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.	

NAME(S) OF HEARING EXAMINER/COMMITTEE
(TYPED OR PRINTED)

Yadis

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.

D Hody IV

SIGNATURE OF HEARING EXAMINER/COORDINATOR

WHITE - DC-15

YELLOW - Inmate Cited PINK - Staff Member Reporting Misconduct
GOLDENROD - Deputy Facility Manager

FORM DC-141 Rev. 8/05 WAIVER OF DISCIPLINARY PROCEDURES		PART 2 D COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
DC Number RX 2601	Name Coit	Facility SCI-PHA	Date 12/29/20
MISCONDUCT REPORT(S) NO. D257616			
(This form is to be used when an inmate charged with committing a misconduct wishes to waive his right to a disciplinary hearing or other procedural protections.)			
I have received written notice of the offense(s) with which I am charged. I have read or have been informed of and understand the following:			
I have a right to have a hearing not less than 24 hours nor more than seven working days after receiving notice of the charges, to determine whether I am innocent or guilty of committing a misconduct.			
If found guilty, discipline may be imposed against me, including but not limited to, loss of privileges and placement in disciplinary custody.			
After the hearing, I have a right to appeal both the finding of guilt and the appropriateness of any discipline imposed by the Hearing Committee to the Program Review Committee.			
I may waive my right to a hearing as well as any other procedural protections to which I am entitled.			
If I waive my right to a hearing, the Hearing Committee/Examiner will determine my guilt or innocence in my absence, and that determination shall be final. If I am found guilty, discipline may be imposed. I may appeal the appropriateness of the discipline imposed by the Program Review Committee.			
I have read the above statement or have had it read to me, and with an understanding of my rights,			
<input checked="" type="checkbox"/>	I hereby voluntarily waive the disciplinary hearing on misconduct report(s) # D257616		
<input type="checkbox"/>	I wish to have a disciplinary hearing, but hereby voluntarily waive my right to 24 hours notice prior to the hearing and request that it be scheduled as soon as possible.		
<input type="checkbox"/>	I wish to have a disciplinary hearing, but I hereby voluntarily waive my right to have the hearing within seven working days of receiving notice of the charge and request that it be scheduled within a reasonable time hereafter.		
<i>Rf to Sign</i>		<i>[Signature]</i>	
INMATE		WITNESS	
DATE 12/29/20		DATE 12/29/20	
<i>Rfr COT Conway</i>		<i>[Signature]</i>	
INMATE		WITNESS	
DATE 12/29/20		DATE 12/29/20	

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

Violation of Code of Conduct Section 115 Sec 3 P on 12/06/09
 When I was taken to POC my property was taken to the main property room and it
 was taken from me property to the Rm M444, 2 pairs of Socks, 1
 My T-shirt, 2 Fans, 1 extension cord, 1 FICA remote, 3 small pints, 1 Smart
 Streets My State ID all was missing and was Not Given a C.R and Mt
 DC 153 the these items were given to my By Bma Staff as part of
 my treatment and incentives which is what they are on my 153 so can't
 tell items were new except fan & fan ~~fan~~ I should take my property
 back or demand at Commissioner value for those items

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
 GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

Kevin Coit KX2601
1200 Mokychic Drive
Collegeville PA 19426

PA DEPARTMENT OF
CORRECTIONS
INMATE MAIL

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